

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	DT	68107	4/24/00
O.I.P.E. CLASSIFIER	ESD		9/30/00
FORMALITY REVIEW	ER	10029	11/31/00
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	8/1/00
2	✓	✓	8/1/00
3	✓	✓	8/1/00
4	✓	✓	8/1/00
5	✓	✓	8/1/00
6	✓	✓	8/1/00
7	✓	✓	8/1/00
8	✓	✓	8/1/00
9	✓	✓	8/1/00
10	✓	✓	8/1/00
11	✓	✓	8/1/00
12	✓	✓	8/1/00
13	✓	✓	8/1/00
14	✓	✓	8/1/00
15	✓	✓	8/1/00
16	✓	✓	8/1/00
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25	✓	✓	8/1/00
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27	✓	✓	8/1/00
28	✓	✓	8/1/00
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31	✓	✓	8/1/00
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46	✓	✓	8/1/00
47	✓	✓	8/1/00
48	✓	✓	8/1/00
49	✓	✓	8/1/00
50	✓	✓	8/1/00

Claim	Final	Original	Date
51	✓	✓	8/1/00
52	✓	✓	8/1/00
53	✓	✓	8/1/00
54	✓	✓	8/1/00
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77	✓	✓	8/1/00
78	✓	✓	8/1/00
79	✓	✓	8/1/00
80	✓	✓	8/1/00
81	✓	✓	8/1/00
82	✓	✓	8/1/00
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84	✓	✓	8/1/00
85	✓	✓	8/1/00
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87	✓	✓	8/1/00
88	✓	✓	8/1/00
89	✓	✓	8/1/00
90	✓	✓	8/1/00
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96	✓	✓	8/1/00
97	✓	✓	8/1/00
98	✓	✓	8/1/00
99	✓	✓	8/1/00
100	✓	✓	8/1/00

Claim	Final	Original	Date
101			
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If more than 150 claims or 10 actions  
 staple additional sheet here

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Best Available Copy